

EXHIBIT "F"



County of Erie

MARK C. POLONCARZ
COUNTY EXECUTIVE

DIVISION OF PURCHASE

PREFERRED SOURCE AGREEMENT

This AGREEMENT, made as of the 18th DAY OF JUNE, 2014

by and between NEW YORK STATE INDUSTRIES FOR THE DISABLED, INC.

of 11 COLUMBIA CIRCLE DRIVE, ALBANY, NY 12203

herein after referred to as the Contractor, and the County of Erie, a municipal corporation of the State of New York, hereinafter referred to as the County;

WHEREAS, in accordance with preferred source laws a proposal was received and opened by the County of Erie, Division of Purchase

on JUNE 10, 2014

for: JANITORIAL SERVICES - VARIOUS LOCATIONS.

WHEREAS, the proposal of the Contractor submitted in accordance therewith, the sum of \$48,043.59, was from a NEW YORK STATE PREFERRED SOURCE; and

WHEREAS, a contract is hereby awarded to the Contractor by the County, in accordance with the provisions therein contained; and

WHEREAS, the Notice to Bidders and Specifications make provisions for entering into a proper and suitable contract in connection therewith;

NOW, therefore, the Contractor does hereby for its heirs, executors, administrators and successors agree with the County of Erie that, the Contractor shall for the consideration mentioned, and in the manner set forth in Accepted Invitation to Bid No. 214053-002, Specifications and Provisions of Law annexed hereto and forming a part of this contract, furnish the equipment and materials and perform the work and services described in the Accepted Bid for the above sum.

_____ Paid monthly upon presentation of invoices.

_____ XXX Upon delivery, completion and approval of the work, as per specifications.

Please refer to the Invitation to Bid (Page 1) and the Instructions to Bidders which are part of this agreement.

IN WITNESS THEREOF, the parties hereto have hereunto set their hands and seals the day and year first above written.

COUNTY OF ERIE

CONTRACTOR: NEW YORK STATE INDUSTRIES
FOR THE DISABLED, INC.

by _____
Director of Purchase

by Karen DiBella
Karen DiBella

Date _____

Title VP Contract Admin & Quality Mgmt

Date July 17, 2014

APPROVED AS TO FORM

Assistant County Attorney
County of Erie, New York

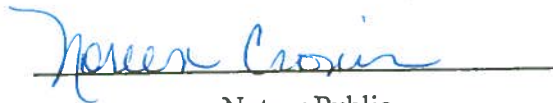
Date _____

ACKNOWLEDGMENT

STATE OF NEW YORK)
) ss.:
COUNTY OF ALBANY)

On the 17th day of JULY, in the year 2014 before me, the undersigned, personally appeared Karen DiBella, personally known to me or proved to me on the basis of satisfactory evidence to be the individual(s) whose name(s) is (are) subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their capacity(ies), and that by his/her/their signature(s) on the instrument, the individual(s), or the person upon behalf of which the individual(s) acted, executed the instrument.

Date: July 17, 2014



Notary Public

NOREEN A CRONIN
Notary Public, State of New York
No. 01CR6255449
Qualified in Greene County
Commission Expires February 6, 2016



COUNTY OF ERIE
MARK POLONCARZ
COUNTY EXECUTIVE
DIVISION OF PURCHASE
INVITATION TO BID

Bids, as stated below, will be received and publicly opened by the Division of Purchase in accordance with the attached specifications. FAX bids are unacceptable. Bids must be submitted in a sealed envelope to:

County of Erie
Division of Purchase
Attention: James D. Kucewicz, BUYER (716) 858-6336
95 Franklin Street, Room 1254
Buffalo, New York 14202-3967

NOTE: Lower left hand corner of envelope **MUST** indicate the following:

BID NUMBER: 214053-002

OPENING DATE: FEBRUARY 6, 2014 *Feb. 24th* TIME: 2:00 PM

FOR: JANITORIAL SERVICES – VARIOUS LOCATIONS

NAME OF BIDDER: NYSID (New York State Industries for the Disabled)

If you are submitting other Invitations to Bid, each bid must be enclosed in a separate envelope.

Following EXHIBITS are attached to and made a part of the bid specifications, and part of any agreement entered into pursuant to this Invitation to Bid:

- X EXHIBIT "A" - Assignment of Public Contracts
- X EXHIBIT "B" - Purchases by Other Local Governments or Special Districts
- EXHIBIT "C" - Construction/Reconstruction Contracts
- EXHIBIT "D" - Bid Bond (Formal Bid)
- N/A EXHIBIT "E" - Bid Bond (Informal Bid)
- X EXHIBIT "F" - Standard Agreement
- X EXHIBIT "G" - Non-Collusive Bidding Certification
- X EXHIBIT "H" - MBE/ WBE Commitment
- X EXHIBIT "IC" - Insurance **CLASSIFICATION "A"**
- EXHIBIT "P" & EXHIBIT "PBI" - Performance Bond
- EXHIBIT "Q" - Confined Space Program Certification

(Rev. 1/00)

ERIE COUNTY OFFICE BUILDING, 95 FRANKLIN STREET, BUFFALO, NEW YORK 14202 (716) 858-6395

County of Erie
DIVISION OF PURCHASE
NON-COLLUSIVE BIDDING CERTIFICATION

By submission of this bid, each bidder and each person signing on behalf of any bidder certifies, and in the case of a joint bid each party thereto certifies as to its own organization, under penalty of perjury, that to the best of his knowledge and belief:

(1) the prices in this bid have been arrived at independently without collusion, consultation, communication, or agreement, for the purpose of restricting competition, as to any matter relating to such prices with any other bidder or any competitor;

(2) unless otherwise required by law, the prices which have been quoted in this bid have not been knowingly disclosed by the bidder and will not knowingly be disclosed by the bidder prior to opening, directly or indirectly, to any other bidder or to any competitor; and

(3) no attempt has been made or will be made by the bidder to induce any other person, partnership or corporation to submit or not to submit a bid for the purpose of restricting competition.

NOTICE

(Penal Law, Section 210.45)

IT IS A CRIME, PUNISHABLE AS A CLASS A MISDEMEANOR UNDER THE LAWS OF THE STATE OF NEW YORK, FOR A PERSON, IN AND BY A WRITTEN INSTRUMENT, TO KNOWINGLY MAKE A FALSE STATEMENT, OR TO MAKE A FALSE STATEMENT, OR TO MAKE A STATEMENT WHICH SUCH PERSON DOES NOT BELIEVE TO BE TRUE.

BID NOT ACCEPTABLE WITHOUT FOLLOWING CERTIFICATION:

Affirmed under penalty of perjury this 19 day of February, 20 14

TERMS _____ DELIVERY DATE AT DESTINATION _____

FIRM NAME NYSTD

ADDRESS 11 Columbia Circle Drive

Albany, N.Y. ZIP 12203

AUTHORIZED SIGNATURE Marge Wndu

TYPED NAME OF AUTHORIZED SIGNATURE _____

TITLE WNY Account TELEPHONE NO. _____

Representative

(716) 875-9232

County of Erie

DIVISION OF PURCHASE

BID SPECIFICATIONS

BID NO. 214053-002

Ship to:
Attention:

Ship Via:
Date Required at Destination:

			CATALOG NO./DESCRIPTION		
			Vendor to provide Janitorial Services at Medical Examiner's Office,		
			Toxicology Lab, Public Health Lab, Environmental Health Division		
			Offices and Erie County Health Mall per the accompanying		
			specifications.		
			Contract period will be from March 1, 2014 through February 28, 2015.		
			Successful bidder must have been in janitorial business for past five years		
			and have experience serving customer of size similar to location specified.		
			Three references must be included with bid.		
			THERE WILL BE A MANDATORY PRE-BID SITE		
			VISIT ON WEDNESDAY, JANUARY 29 AT THE		
			AT THE FOLLOWING TIMES:		
			11:00am - Erie County Health Mall, 1500 Broadway Street		
			1:00pm - other 4 locations (meet at Medical Examiner's		
			Office, 501 Kensington Avenue).		

NOTE: Bid results cannot be given over the phone. All requests for bid results should be submitted in writing or faxed to:

ERIE COUNTY DIVISION OF PURCHASE
Freedom of Information Officer
95 Franklin Street, Rm. 1254
Buffalo, NY 14202
FAX #: 716/858-6465

NAME OF BIDDER

NYSID

(Rev. 9/95)



New York State Industries for the Disabled, Inc.

CUSTOMER PRICE CONCURRENCE - SERVICES

Date Sent: 6/10/2014

Contracting Agency: Erie County

Contact Person: James Kucewicz

Job Title: Buyer

Street Address: Bureau of Purchase, 95 Franklin Street,

City, State Zip: Buffalo, New York 14202-3967

Phone #: 716-858-6336

Fax# 716-858-6465

E-Mail: James.kucewicz@erie.gov

PLEASE UPDATE
INFORMATION IF
NEEDED.

New York State Industries for the Disabled, Inc. will be applying for Preferred Source Status Designation for the service listed below:

Member Agency: Allentown Industries

Service: Janitorial Services – One Year from Date of Award

Erie County Health Mall: Item 1 Price is \$48,043.59

Location:

Proposed Price: With Prevailing Wage Adjustments as mandated by NYS DOL.

If a Renewal, Current Contract #:

New Term:

This form is not a contract, it is only an acknowledgment of your concurrence to the above proposed price. If applicable, a cost analysis is enclosed for your review documenting proposed changes in cost for the new term. Please Note: All Contracts with Prevailing Wage Schedules must contain escalation clauses for wages and supplemental benefits dependent upon the annual (July 1) NYS Department of Labor Published Prevailing Wage for that schedule.

If you are in agreement with the proposed price, please sign this form as soon as possible and return by mail or fax. Upon receipt, NYSID will apply to the NYS Office of General Services for approval of Preferred Source Status if necessary. If you have any questions, please call NYSID Contract Administration at the number below. Please fax or mail to:

Mail: New York State Industries for the Disabled, Inc.

E-mail: mwerder@nysid.org

Fax: 716-875-1171

ATTN: Margie Werder

Phone: 716-875-9232

11 Columbia Circle Drive


Albany, NY 12203

Authorized Signature:

Printed Name:

Job Title:

Date:


James D. Kucewicz
Buyer
6/10/14

County of Erie

DIVISION OF PURCHASE

To facilitate correct drawing and execution of contract, bidder shall supply full information concerning legal status:

FIRM NAME

NYSID

ADDRESS OF PRINCIPAL OFFICE

STREET

11 Columbia Circle

CITY

Albany

AREA CODE

518

PHONE

463-9706

STATE

N.Y.

ZIP

12203

Check one: CORPORATION

PARTNERSHIP

INDIVIDUAL

INCORPORATED UNDER THE LAWS OF THE STATE OF

N.Y.

If foreign corporation, state if authorized to do business in the State of New York:

YES

NO

TRADE NAMES:

ADDRESS OF LOCAL OFFICE

STREET

315 Liston Street

CITY

Buffalo, N.Y.

AREA CODE

716

PHONE

875-9232

STATE

N.Y.

ZIP

14223

NAMES AND ADDRESSES OF PARTNERS:

Division of Purchase
EEO Compliance Place Card

Date Sent 7 / 23 / 14

Buyer JKucewicz

Bid # 214053-002

Bid Title Janitorial Services - Various Locations

Comments: _____

EEO Sign-off  Date 7 / 23 / 2014

WAWER RECOMMENDATION
COMPANY: NYSID (New York State Industries for the Disabled)
ADDRESS: 11 Columbia Circle Drive
TELEPHONE NUMBER: (518) 463-9706 BID NO.: _____

1. Vendor has made a good faith effort to subcontract on this bid for which minority/women's business enterprises bids could be solicited; and

2. The total percentage of the bid which could be subcontracted for which minority business enterprises bids could be solicited is less than 10% for MBEs and/or 2% WBEs.

A waiver as provided for by Erie County Local Law, is hereby requested on the grounds that there are no/insufficient (circle the appropriate term) minority/women's business enterprises in the market area of this bid.

NYSID utilizes a disabled labor force
1. to do all the work.

2. _____ 7. _____
3. _____ 8. _____
4. _____ 9. _____
5. _____ 10. _____

(Use additional sheets if necessary.)

If a partial waiver is granted, the Vendor will make a good faith effort to meet the reduced goal.

DATE 7/23/14 SIGNATURE OF AUTHORIZED COMPANY REPRESENTATIVE Margie Norder - WNY Account Rep.

Granted in Whole: _____

Granted in Part: K

Comments: Minorities and women must be part of the workforce too!

[Signature]
DIRECTOR OF E.E.O.

7/23/2014
DATE

(01/09)



CERTIFICATE OF LIABILITY INSURANCE

HERICEN-01

SSMITH

DATE (MM/DD/YYYY)

7/8/2014

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Lawley Agency, LLC 361 Delaware Avenue Buffalo, NY 14202		CONTACT NAME: PHONE (A/C, No., Ext): 1 (716) 849-8618 E-MAIL ADDRESS:		FAX (A/C, No.): 1 (716) 849-8291	
INSURED Erie County Chapter NYSARC Inc dba Heritage Centers Attn: Bob Toone 2643 Main Street Buffalo, NY 14214-2015		INSURER(S) AFFORDING COVERAGE			NAIC #
		INSURER A: Philadelphia Indemnity Ins Co			18058
		INSURER B:			
		INSURER C:			
		INSURER D:			
		INSURER E:			
INSURER F:					

COVERAGES**CERTIFICATE NUMBER:****REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> GENERAL LIABILITY	X	PHPK1087032	10/15/2013	10/15/2014	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY					DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR					MED EXP (Any one person) \$ 5,000
						PERSONAL & ADV INJURY \$ 1,000,000
	GENERAL AGGREGATE \$ 3,000,000					
	PRODUCTS - COMP/OP AGG \$ 3,000,000					
	GEN'L AGGREGATE LIMIT APPLIES PER:					\$
	<input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC					
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY	X	PHPK1087032	10/15/2013	10/15/2014	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input checked="" type="checkbox"/> ANY AUTO					BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS					BODILY INJURY (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS					PROPERTY DAMAGE (PER ACCIDENT) \$
						\$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR	X	PHUB437678	10/15/2013	10/15/2014	EACH OCCURRENCE \$ 10,000,000
	<input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE					AGGREGATE \$ 10,000,000
	<input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000					\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					WC STATUTORY LIMITS <input type="checkbox"/> OTH-ER <input type="checkbox"/>
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y/N <input type="checkbox"/> N/A				E L EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below					E L DISEASE - EA EMPLOYEE \$
						E L DISEASE - POLICY LIMIT \$
A	Professional Liabili		PHSD885054	10/15/2013	10/15/2014	Occ/Agg 1,000,000
A	Property; RC-Special		PHPK1087032	10/15/2013	10/15/2014	Ded \$5,000 3,779,220

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
County of Erie is included as Additional Insured and Loss Payee.

ORIGINAL POLICY

JUL 23 2014

IN LAW DEPARTMENT

CERTIFICATE HOLDER**CANCELLATION**

County of Erie
95 Franklin Street
Buffalo, NY 14202

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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STATE OF NEW YORK
WORKERS' COMPENSATION BOARD

CERTIFICATE OF NYS WORKERS' COMPENSATION INSURANCE COVERAGE

1a. Legal Name & Address of Insured (Use street address only) ERIE COUNTY CHAPTER NYSARC DBA: HERITAGE CENTER 101 OAK STREET BUFFALO, NY 14203 Work Location of Insured (Only required if coverage is specifically limited to certain locations in New York State, i.e., a Wrap-Up Policy) <div style="border: 1px solid black; height: 30px; width: 100%;"></div>	1b. Business Telephone Number of Insured 716-856-4201 1c. NYS Unemployment Insurance Employer Registration Number of Insured 1d. Federal Employer Identification Number of Insured or Social Security Number 16-0769044
2. Name and Address of the Entity Requesting Proof of Coverage (Entity Being Listed as the Certificate Holder) COUNTY OF ERIE 95 FRANKLIN STREET BUFFALO, NY 14202 <div style="border: 1px solid black; padding: 5px; text-align: center;"><p>ORIGINAL</p><p>JUL 23 2014</p><p>IN LAWYER'S POSSESSION</p></div>	3a. Name of Insurance Carrier Pennsylvania Manufacturers Indemnity Company 3b. Policy Number of entity listed in box "1a" 201400 0476135 3c. Policy effective period 01/01/2014 to 01/01/2015 3d. The Proprietor, Partners or Executive Officers are included. (Only check box if all partners/officers included) all excluded or certain partners/officers excluded. <input type="checkbox"/> <input type="checkbox"/>

This certifies that the insurance carrier indicated above in box "3" insures the business referenced above in box "1a" for workers' compensation under the New York State Workers' Compensation Law. (To use this form, New York (NY) must be listed under **Item 3A** on the **INFORMATION PAGE** of the workers' compensation insurance policy). The Insurance Carrier or its licensed agent will send this Certificate of Insurance to the entity listed above as the certificate holder in box "2".

The Insurance Carrier will also notify the above certificate holder within 10 days IF a policy is canceled due to nonpayment of premiums or within 30 days IF there are reasons other than nonpayment of premiums that cancel the policy or eliminate the insured from the coverage indicated on this Certificate. (These notices may be sent by regular mail.) Otherwise, this Certificate is valid for one year after this form is approved by the insurance carrier or its licensed agent, or until the policy expiration date listed in box "3c", whichever is earlier.

Please Note: Upon the cancellation of the workers' compensation policy indicated on this form, if the business continues to be named on a permit, license or contract issued by a certificate holder, the business must provide that certificate holder with a new Certificate of Workers' Compensation Coverage or other authorized proof that the business is complying with the mandatory coverage requirements of the New York State Workers' Compensation Law.

Under penalty of perjury, I certify that I am an authorized representative or licensed agent of the insurance carrier referenced above and that the named insured has the coverage as depicted on this form.

Approved by:

ROBERT FURRY

(Print name of authorized representative or licensed agent of insurance carrier)

Approved by:

Robert Furry

(Signature)

12/31/2013

(Date)

Title:

SENIOR UNDERWRITING ASSISTANT

Telephone Number of authorized representative or licensed agent of insurance carrier:

315-445-6364

Please Note: Only insurance carriers and their licensed agents are authorized to issue Form C-105.2. Insurance brokers are **NOT** authorized to issue it.

Workers' Compensation Law

Section 57. Restriction on issue of permits and the entering into contracts unless compensation is secured.

1. The head of a state or municipal department, board, commission or office authorized or required by law to issue any permit for or in connection with any work involving the employment of employees in a hazardous employment defined by this chapter, and notwithstanding any general or special statute requiring or authorizing the issue of such permits, shall not issue such permit unless proof duly subscribed by an insurance carrier is produced in a form satisfactory to the chair, that compensation for all employees has been secured as provided by this chapter. Nothing herein, however, shall be construed as creating any liability on the part of such state or municipal department, board, commission or office to pay any compensation to any such employee if so employed.

2. The head of a state or municipal department, board, commission or office authorized or required by law to enter into any contract for or in connection with any work involving the employment of employees in a hazardous employment defined by this chapter, notwithstanding any general or special statute requiring or authorizing any such contract, shall not enter into any such contract unless proof duly subscribed by an insurance carrier is produced in a form satisfactory to the chair, that compensation for all employees has been secured as provided by this chapter.

STATE OF NEW YORK
WORKERS' COMPENSATION BOARD
CERTIFICATE OF INSURANCE COVERAGE UNDER THE NYS DISABILITY BENEFITS LAW

PART 1. To be completed by Disability Benefits Carrier or Licensed Insurance Agent of that Carrier

1a. Legal Name and Address of Insured (Use street address only) NYSARC, INC, ERIE COUNTY CHAPTER DBA: HERITAGE CENTER 101 OAK STREET BUFFALO, NY 14203	1b. Business Telephone Number of Insured 7168564201 1c. NYS Unemployment Insurance Employer Registration Number of Insured PENDING 1d. Federal Employer Identification Number of Insured or Social Security Number 16-0769044
2. Name and Address of the Entity Requesting Proof of Coverage (Entity Being Listed as the Certificate Holder) COUNTY OF ERIE 95 FRANKLIN STREET BUFFALO, NY 14202 <div style="border: 1px solid black; padding: 5px; margin-top: 10px; text-align: center;">ORIGINAL JUL 23 2014 IN LAW DEPARTMENT</div>	3a. Name of Insurance Carrier Standard Security Life Insurance Company of New York 3b. Policy Number of entity listed in box "1a": R04558-000 3c. Policy effective period: 1/1/2013 to 1/1/2015

4. Policy covers:

- a. ☒ All of the employer's employees eligible under the New York Disability Benefits Law
- b. ☐ Only the following class or classes of the employer's employees:

Under penalty of perjury, I certify that I am an authorized representative or licensed agent of the insurance carrier referenced above and that the named insured has NYS Disability Benefits insurance coverage as described above.

Date Signed 1/2/2014

By

Bela J. Schmail
Signature of insurance carrier's authorized representative or NYS Licensed Insurance Agent of that insurance carrier)

Telephone Number (212) 355-4141

Title SUPERVISOR-DBL/POLICY SERVICES

IMPORTANT: If box "4a" is checked, and this form is signed by the insurance carrier's authorized representative or NYS Licensed Insurance Agent of that carrier, this certificate is COMPLETE. Mail it directly to the certificate holder.

If box "4b" is checked, this certificate is NOT COMPLETE for purposes of Section 220, Subd. 8 of the Disability Benefits Law. It must be mailed for completion to the Workers' Compensation Board, DB Plans Acceptance Unit, 20 Park Street, Albany, New York 12207.

PART 2. To be completed by NYS Workers' Compensation Board (Only if box "4b" of Part 1 has been checked)

**State Of New York
Workers' Compensation Board**

According to information maintained by the NYS Workers' Compensation Board, the above-named employer has complied with the NYS Disability Benefits Law with respect to all of his/her employees.

Date Signed _____

By _____

(Signature of NYS Workers' Compensation Board Employee)

Telephone Number _____

Title _____

Please Note: Only insurance carriers licensed to write NYS disability benefits insurance policies and NYS licensed insurance agents of those insurance carriers are authorized to issue Form DB-120.1. Insurance brokers are NOT authorized to issue this form.

Additional Instructions for Form DB-120.1

By signing this form, the insurance carrier identified in box "3" on this form is certifying that it is insuring the business referenced in box "1a" for disability benefits under the New York State Disability Benefits Law. The Insurance Carrier or its licensed agent will send this Certificate of Insurance to the entity listed as the certificate holder in box "2". *This Certificate is valid for the earlier of one year after this form is approved by the insurance carrier or its licensed agent, or the policy expiration date listed in box "3c".*

Please Note: Upon the cancellation of the disability benefits policy indicated on this form, if the business continues to be named on a permit, license or contract issued by a certificate holder, the business must provide that certificate holder with a new Certificate of NYS Disability Benefits Coverage or other authorized proof that the business is complying with the mandatory coverage requirements of the New York State Disability Benefits Law.

DISABILITY BENEFITS LAW

§220. Subd. 8

(a) The head of a state or municipal department, board, commission or office authorized or required by law to issue any permit for or in connection with any work involving the employment of employees in employment as defined in this article, and notwithstanding any general or special statute requiring or authorizing the issue of such permits, shall not issue such permit unless proof duly subscribed by an insurance carrier is produced in a form satisfactory to the chair, that the payment of disability benefits for all employees has been secured as provided by this article. Nothing herein, however, shall be construed as creating any liability on the part of such state or municipal department, board, commission or office to pay any disability benefits to any such employee if so employed.

(b) The head of a state or municipal department, board, commission or office authorized or required by law to enter into any contract for or in connection with any work involving the employment of employees in employment as defined in this article, and notwithstanding any general or special statute requiring or authorizing any such contract, shall not enter into any such contract unless proof duly subscribed by an insurance carrier is produced in a form satisfactory to the chair, that the payment of disability benefits for all employees has been secured as provided by this article.